SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Actual Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

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 5. Any false reporting may be referred to the Police for investigation.
 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of First Submission 24/07/2024 15:34 (SGT) Reported by **Actual Driver** Date of Accident 23/07/2024 22:20 (SGT) Exact Location of Accident Balestier Rd, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Toyota

Vehicle Registration Number SHD5185B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TRANS-CAB SERVICES PTE. LTD. Company Reg No 200303878K Email Address CLAIMS@TRANSCAB.COM.SG Mobile Phone No (Phone) +65-65552222 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Prius Variant Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Taxi Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5140725663-01

DRIVER

Name of Driver YONG WAI CHONG NRIC No S1501295A Date Of Birth 30/03/1961 Occupation Outdoor

Driving Pass Date 04/08/1981 Driving experience 42 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-96366062 Alt. Phone Number Email Address CLAIMS@TRANSCAB.COM.SG Address BLK 931 #15-99 Address complement **HOUGANG STREET 91** Postcode 530931 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLM6699J

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	_
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

YONG WAI CHONG Male
-
-
-
-
-
-
SHD5185B
Yes
No

SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Traffic Police Department for investigation.

- This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
 report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of horizontal forms of the above Purposes.

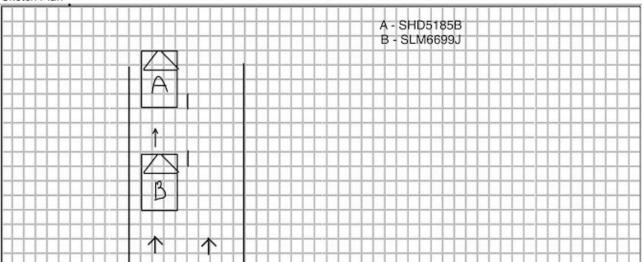
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

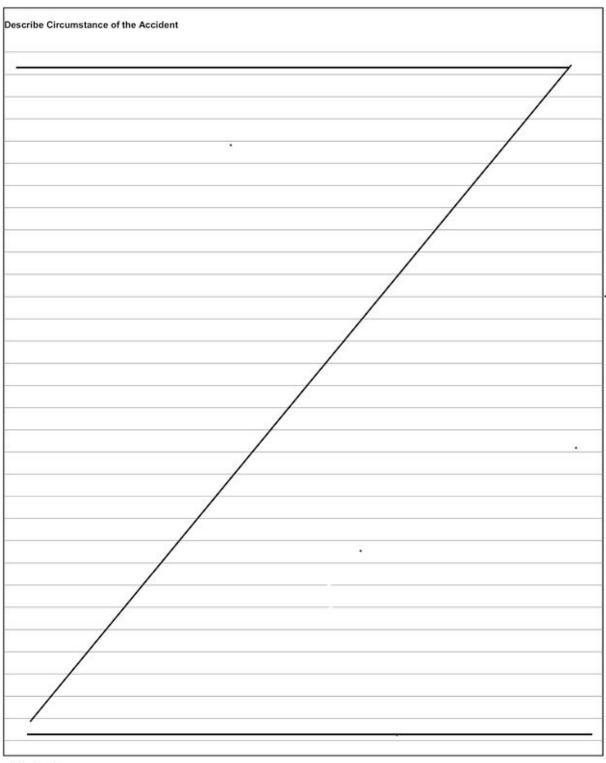
Mohammad Ikhsan Bin Abdul Aziz

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Accident report SN07247O000Q



Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Mohammad Ikhsan Bin Abdul Aziz Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

2



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



1 of 3 Report No. T/20240724/7041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2024 11:54		de:	Vide Report No.:	Station Diary No.:	
Informant's Particulars					
Name of Informant: YONG WAI CHONG			Address: 931 HOUGANG STREET 91 #15-99 SINGAPORE 530931		
ID Type / ID No.: NRIC NO / S1501295A		iA	Contact No.; Home/Office: Mobile: 96366062		
Nationali	y: ORE CITIZE	N	Email: BEEYEN@OLAMNET.COM		
Sex: Age: Date of Birth: Male 63 30/03/1961		AND THE RESERVE AND ADDRESS OF THE PARTY OF	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Taxi driver			Driving Licence Information: Class:	Date of Expiry:	

Seneral Information	of the Accident			400-000
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2024 22:20	Type of Location: Straight Road
Location: BALESTIER ROAL				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Traffic Control: Not Controlled		Traffic Control: Not Controlled	100000	ffic Volume: derate
Type of Collision: Between Moving Vehicles - Head To Rear				one conveyed by bulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHD5185B	Motor car					0
SLM6699J	Motor car			White		0

Details of Person Involved	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN	
Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	-



T/20240724/7041

2 of 3 Report No. T/20240724/7041

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Driver					
Name	YONG WAI CHONG		ID No.		S1501295A
Related Vehicle	SHD5185B (Motor car)		Conta	ct No.	96366062
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/07/2024 Date Disc			ge 24/07/2024	
No. of Days granted Medical Leave (MC) 05 Degree of			Injury Slight		
Driver				-	
Name	YONG WAI CHONG		ID No		S1501295A
Related Vehicle	SHD5185B (Motor car)			ct No.	97696376
Hospital/Clinic	NIL			of g ce & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			NIL	
No. of Days grant	ed Medical Leave (MC) NIL	Degree o	f Injury	NIL	

Brief Details.

On the above mentioned date and time,

I was driving Tran/cab taxi 5185 B traveling CTE toward Balestier at slip road, the slip have two lane, I stop my vehicle at extreme left give to Balestier main road, suddenly a vehicle SLM 6699J collided onto my vehicle from rear .after the accident I felt unwell.

On 24/07/2024 I went to WY Teh family clinic and surgery consult doctor and was give 5 days MC.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



T/20240724/7041

3 of 3 Report No. T/20240724/7041

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/07/2024 11:54
Officer In Charge Of Case:	Classification Of Case:
NP168	